

## REQUEST FOR SUSPENSION FORM (ORS Rev 3-2-10)

Mail or fax a copy to:

S.C. Office of Regulatory Staff  
Transportation Department  
1401 Main Street, Suite 900  
Columbia, S.C. 29201  
(803) 737-0578  
FAX (803) 737-0815

File the original with:

Public Service Commission of South Carolina  
Clerk's Office  
Motor Carrier Matters  
P.O. Box 11649  
Columbia, S.C. 29211  
(803) 896 - 5100  
FAX (803) 896-5199

DATE:

9/12/2012Please consider this as my Request for **Suspension** of:☐

Class C Taxi Certificate Number \_\_\_\_\_

☒Class C Charter Certificate Number 8117-A☐

Class C Charter Bus Certificate Number \_\_\_\_\_

☐

Non-Emergency Certificate Number \_\_\_\_\_

☐

Class E Household Goods Certificate Number \_\_\_\_\_

☐

Class E Hazardous Wastes Certificate Number \_\_\_\_\_

I request that my certificate be suspended until \_\_\_\_\_

Date: (XX/XX/XXXX)

RECEIVED  
PSC SC  
MAIL/DMS  
SEP 12 2012

Pearson Local Express LLC  
(Name of Company)

D/B/A

9-30-13

(if applicable)

183 Graball Road  
(Street and or Mailing Address)

Gaston, SC 29053  
(City, State, Zip Code)

(803) 479-1933  
(Telephone Number)

Michael Pearson  
(Signature and Title, I.e, President, Owner)

Pursuant to Regulation 103-164 applications are to state clearly and concisely the justification for the proposed suspension of service.

Reason for Request for Suspension of Operations:

I am unable to maintain the insurance at this  
time due to the low volume of work.